

Idaho State Department of Agriculture

Division of Agricultural Resources

PO Box 7723

Boise, ID 83707

(208) 332-8600 Fax: (208) 334-3547

OFFICE USE ONLY

Receipt Date _____

Check # _____

Fee \$ _____

Record # _____

2004/2005 PESTICIDE LICENSE APPLICATION**Please Print**

APPLICANT _____ SS# _____

MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____ COUNTY _____

HOME PH _____

- NOTES:** (1) List chemigation systems on reverse (attach addition sheets if necessary) if you are applying for a chemigation license.
(2) Out-of-state applicants seeking reciprocity (RU only) must attach a copy of their current year home state license to this application.
(3) Dates of expiration correspond with the first letter of your last name (see chart below).

LAST NAME		LICENSE EXPIRES
Odd Year	Even Year	
A-D	M-P	MARCH
E-H	Q-T	JULY
I-L	U-Z	OCTOBER

I am applying for:

____ Restricted Use (RU) Pesticide Category \$10.00 fee

____ Chemigation (CH) Category \$20.00 fee

____ Both RU & CH Categories \$30.00 fee

I certify that this information is correct. I am at least eighteen (18) years of age.

DATE _____ APPLICANT SIGNATURE _____

INVENTORY OF CHEMIGATION SYSTEMS

☐ Same as previous years

☐ New Systems

System Name: _____

Chemical: Fertilizer[] Pesticide[] Both[] Water Supply: Domestic[] Ground[] Surface[]

Type of Deliver System: Center Pivot[] Sprinkler[] Surface Irrigation[] Other[]

Legal Description: 1/4 Sec. _____ 1/4 Sec. _____ Section _____ Township _____ Range _____

System Name: _____

Chemical: Fertilizer[] Pesticide[] Both[] Water Supply: Domestic[] Ground[] Surface[]

Type of Deliver System: Center Pivot[] Sprinkler[] Surface Irrigation[] Other[]

Legal Description: 1/4 Sec. _____ 1/4 Sec. _____ Section _____ Township _____ Range _____

System Name: _____

Chemical: Fertilizer[] Pesticide[] Both[] Water Supply: Domestic[] Ground[] Surface[]

Type of Deliver System: Center Pivot[] Sprinkler[] Surface Irrigation[] Other[]

Legal Description: 1/4 Sec. _____ 1/4 Sec. _____ Section _____ Township _____ Range _____

To facilitate the Idaho State Department of Agriculture's (ISDA) audit program, the ISDA requests that you list the names of other licensed chemigators who conduct chemigation at the system listed above.

Print Name

License Number(s)

I certify that:

- 1) The equipment and system I plan to use for chemigation meets the ISDA standards.
- 2) The owner and other persons who will be operating the equipment have read the ISDA Rules for chemigation. (IDAPA 02.03.04)
- 3) The owner and other persons who will be operating the equipment intend to operate and maintain the chemigation system according to the above stated rules.
- 4) All the sites that I plan to chemigate this year have been listed.
- 5) The information on this form (front & back) and all attachments is correct.

DATE: _____ NAME: _____